Facility Name: Ray Schuman
EPA Id Number: M60009738/47

LAND DISPOSAL RESTRICTION CHECKLIST FOR FY 1989

Form E - Testing and Management of California List Wastes

Note: This form should be completed only if the facility generates or

handles California List wastes at the concentrations listed in Form A - Restricted Waste Determination. 1. Has the facility conducted any testing of restricted wastes to determine whether the concentrations qualify them as California Wastes? If no, Has the facility retained records documenting that the waste is not restricted under the California List by knowledge of process? Yes No 2. Has the Paint Filter Liquids Test (PFII) been performed as described by SW-846 to determine whether California List wastes (except halogenated organic compounds) are in liquid form? 3. If wastes have been determined to be in liquid form, were these wastes solidified using an absorbent? A. If yes, note type of absorbent used: B. Indicate which wastes were solidified by aborbent below: Check each box that applies: Liquid hazardous wastes or liquids associated with solids or sludges containing free cyanides at concentration greater than 1000 mg/L. Liquid hazardous wastes or liquids associated with solids or sludges opntaining one or more of the following concentrations:

Arsenic or compounds containing arsenic greater than 500 mg/L;

Cadmium or compounds containing cadmium greater than 100 mg/L;

Lead or compounds containing lead greater than 500 mg/L;

Chromium or compounds containing chromium greater than 500 mg/L;

Page 1

				Three us	Facility EPA Id 1	y Name: Number:	Ray Schuman MOD 009778147	-
	Fo	orm E	Testing ar	nd Management (of Californ	ia List Wa	stes (cont'd)	
			Mercury or	compounds cont	taining merc	cury great	er than 20 mg/L;	
		Щ	Nickel or o	compounds conta	aining nicke	el greater	than 134 mg/L;	
		Щ	Selenium or	compounds con	ntaining sel	lenium gre	ater than 100 mg	/L; 01
	No	Ф	Thallium or	compounds con	ntaining Tha	allium gre	ater than 130 mg	/L.
	里	Liqu	uid hazardous	wastes exhib	iting a pH]	less than	or equal to 2.0.	
	M			wastes that a strations betwe			rinated biphenol	S
	W						ogenated organic to 1000 mg/Kg.	
4.	leve	els of al or	the analyte exceed prohi	ermined whether es (not extract bition levels ess than or ex	s or filtra or whether	ates) the	/ 11	eth
	A. F	knowle	edge of proce	ess ?			Yes Y	No
	i	ade	quacies or i	oloys knowledge nadequacies in laboratory	their meth	nods below	Analysis &	ala
	в. 1	Testin	ıg ?				Yes	No
	i	in		y determine in s exceed cyani				No
	i	i. Li	st the test	methods used:				-
	i	1		ents and respo stes found to				
		-						

Page 2 Revision: 1/1989

Facility Name: Ray Schumann
EPA Id Number: MoDog 738/47

Form E - Testing and Management of California List Wastes (cont'd)

5. Has the facility treated waste onsite or offsite:

A. If onsite, complete Form B - Treatment, Storage, and Disposal.

B. If offsite, complete Form C - Manifesting Restricted Wastes.

* off-site

Page 3 Revision: 1/1989 Inspector's Initials:

Facility Name: Ry Schuman EPA Id Number: Moboog 738/47

LAND DISPOSAL RESTRICTION CHECKLIST FOR FY 1989

Form F - Testing and Management of "First Third" Wastes

No	te:	hai	is form should be completed only if the facility generalles wastes restricted under the "First Third" list 38).	erates or (August 17)	,
	На	rd I	Hammer Provisions		
	Ha	s ti eata	ne facility correctly determined the appropriate ability group for hard hammer wastes generated		
2.			ndled onsite ? ne facility determined whether hard hammer wastes	Yes	_ No
			treatment standards based on the following:		
	A.	Kno	owledge of process ?	Yes _	_ No
		i.	If facility employs knowledge of process, note adequacies or inadequacies in their methods below:	e**	
	в.	Tox	xicity Characteristic Leaching Process (TCLP) ?	Yes _	_ No
		i.	If yes, provide the following information:		
			a. Last test date:		
	•		b. Frequency of testing:		
			c. Indicate any problems with testing procedure belo	w:	
		ii.	Attach test results to report.		
		iii	i. Were wastes tested using TCLP when processes or wastestreams changed ?	Yes	_ No
		iv.	. Was testing done prior to dilution or solidification ?	Yes	No

Page 1

Facility Name: Ray Schumare
EPA Id Number: Modoog 738/47

Form F - Testing and Management of "First Third" Wastes

	C. Other (specify):			
3.	Did the hard hammer wastes exceed their applicable treatment standards upon generation [268.7(a)(2)]?		Yes	No
4.	Is there any reason to believe that the facility may have diluted these wastes to change the applicable treatment standard (based on review if process operation, pipe routing, point of sampling, etc.) ?	-	Yes	No
5.	Did the facility ascertain whether hard hammer wastes were appropriately assigned wastewater on non-wastewater designations (nonwastewaters are > 1% TOC and > 1% suspended solids) ?		Yes	No
	dia > 10 Suspensed Softus) .			140
6.	Does the facility handle K061 wastes ?		Yes	No
	If yes,			
	A. Were nonwastewaters appropriately classified in either the high or low zinc subcategories (> 15% Zn) ?		Yes	No
7.	Does the facility handle K101 or K102 wastes ?		Yes	No
	If yes,			
	A. Were nonwastewaters appropriately classified in either the high or low arsenic subcategories ?		Yes	No
8.	Have hard hammer wastes been stored for greater than 90 days ?		Yes	No
	If yes,			
	A. is facility operating under interim status or final permit?		Yes	No
	the answer was yes for either 8 or 8A, complete Form B - orage and Disposal.	Treata	ment,	

Page 2

Facility Name: Rey Schumana
EPA Id Number: Moboog 738147

Form F - Testing and Management of "First Third" Wastes

II. Soft Hammer Provisions 1. Has the facility submitted demonstrations and certifications for each soft hammer waste destined for disposal in landfills or surface impoundments to the Regional Administrator prior to the shipment of the waste to the disposal facility? Yes No If yes, i. Has the facility retained a copy of each demonstration onsite? ___ Yes ___ No ii. Has the facility retained copies of all certifications sent to the disposal facility? Yes No 2. Has the facility sent copies and kept copies of the following information with each shipment of soft hammer wastes: A. Manifest document number ? ___ Yes ___ No ___ Yes ___ No B. EPA waste identification code ? C. All applicable restrictions ? ___ Yes __ No D. Waste analysis data (if available) ? ___ Yes ___ No E. Applicable certifications ? ___ Yes ___ No 3. Do facility records indicate that soft hammer wastes are destined for disposal in landfills or surface impoundments? ___ Yes ___ No If yes, A. List the name of the waste(s) destined for disposal: B. Name the facility where the waste is destined:

Page 3

Facility Name: Ray Schumann
EPA Id Number: Mod009738147

Form F - Testing and Management of "First Third" Wastes

4.	Have	sof	t hamme	r wastes	been	stored	for	greater			
	than	90	days ?						-	Yes	 No

A. If yes, is facility operating under interim status or final permit?

Yes ___ No

If the answer was yes for either 4 or 4A, complete Form B - Treatment, Storage and Disposal.

Page 4 Revision: 1/1989

Inspector's Initials: _____

ATTACHMENT 4 NOTICE OF VIOLATION, CONFIDENTIAL BUSINESS INFORMATION FORM, AND RECEIPT FOR DOCUMENTS

	Shumann and Associates, Inc.
Address: 1347	JANUARY AVENUE
	9738147 Date: 06/08/89
	pleted to determine compliance with the requirements of tions promulgated pursuant thereto, the following
Citation	Description of Violation
-210.7(h)(1) LM5	further post proid notification of cons
268.50 (a)(2)(i)	Each container must be clearly marked to identify its contents of F- solvent waste
earliest possible time. This trative Civil Complaint) issue complete listing of all violate. The Ray Schuman v Assoc. To days of receipt of this notice schedule for completion of new Chief, RCRA Branch, 'U. S. Envi Ave., Kansas City, Kansas, 661 will be considered in subseque assessed, corrective action(s)	Il your attention to those areas of noncompliance at the notice does not constitute a compliance order (Administed pursuant to Section 3008 of RCRA and may not be a sions which may be identified as a result of this inspection. Let is hereby requested to submit in writing within 10 and description of all corrective actions taken and/or a sessary correction actions to be taken to: RobertMorby, ronmental Protection Agency, Region VII, 726 Minnesota 101. The corrective actions taken by Ray Schumana v Assertant enforcement follow-up. Should civil penalties be will be considered in assessing the penalty amount.
Cynthia Hutchison (his Notice or wish to discuss your response, you may call U. S. EPA) at 913/236-2888, or,
This Notice prepared by	aurie M. Smith . Date: 06/08/89
The undersigned person hereby Notice and has read same.	acknowledges that he/she has received a copy of this
Print	ed Name: SAMES A. Schumans Date: 6/8/89
Signa	ed Name: SAMES A. Schumans Date: 6/8/89 ture: Julilih
Title	I pERIUNA.

U.S. ENVIRONMENTAL PROTECTION AGENCY RCRA INSPECTION CONFIDENTIALITY NOTICE

Name and Address of Inspector(s) Greg Uetrecht Laurie M. Smith	Name and Address of Facility Ray Schumann * Associates Inc. 1347 January Ave. St. Lonis, Mo 63110 Owner, Operator, or Agent in Charge Dennis Schumann Title Becretary Address 1347 January Ave. 5t. Lonis, Mo 63110
Name of Individual to Whom Notice	Title Date
Sennis Schumann	Secretary 00/08/89

It is possible that EPA will receive public requests for release of the information obtained during inspection of the facility above. Such requests will be handled by EPA in accordance with provisions of the Freedom of Information Act (FDIA), 5 U.S.C. 552; EPA regulations issued thereunder, 40 CFR Part 2; and the Resource Conservation and Recovery Act, Section 3007, as amended. EPA is required to make inspection data available in response to FOIA requests, unless the Administrator of the Agency determines that the data contains information entitled to confidential treatment.

Any or all of the information collected by EPA during the inspection may be claimed confidential, if it relates to trade secrets or commercial of financial matters that you consider to be confidential. If you make claims of confidentiality, EPA will disclose the information only to the extent, and by the means of the procedures set forth in the regulations (cited above) governing EPA's treatment of confidential information. Among other things, the regulations require that the EPA notify you in advance of publicly disclosing any information you have claimed and certified confidential.

To claim information confidential, you must certify that each claimed item meets all of the following criteria:

- 1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.
- 2. The information is not, and has not been, reasonably obtainable without your company's consent by other persons (other than governmental bodies) by use of legitimate means (other than discovery based on a showing of special need in a judicial or quasi-judicial proceeding).
- 3. The information is not publicly available elsewhere.
- 4. Disclosure of the information would cause substantial harm to your company's competitive position.

At the completion of the inspection, you will be given a receipt for all documents, samples, and other materials collected. At that time you may make claims that some or all of the information is confidential and meets the four criteria listed above.

RCRA INSPECTION CONFIDENTIALITY NOTICE Facility

Ray Dehumana Assoc.

If you are not authorized by your company to make confidentiality claims, this notice will be sent by certified mail, along with the receipt for documents, samples, and other materials, to the Owner, Operator, or Agent in Charge of your firm, within two days of this date. That person must return a statement, specifying any information which should receive confidential treatment.

This statement from the Owner, Operator, or Agent in Charge should be addressed to:

Mr. David A. Wagoner Director, Waste Management Division United States Environmental Protection Agency 726 Minnesota Avenue Kansas City, Kansas 66101

and mailed by registered, return-receipt requested mail with in seven (7) calendar days of receipt of this Notice.

Failure by your firm to submit a written request that information be treated as confidential, either at the completion of the inspection or by the Owner, Operator, or Agent in charge, within the seven-day period, will be treated by the EPA as a waiver by your company of any claims for confidentiality regarding the inspection data.

To be completed by the facility official receiving this Notice:

Name DENNIS J. SCHUMANN

Title SECRETHRY

Signature Dennis Schuman

Date June 8TH, 1989

If there is no one on the premises of the facility who is authorized to make business confidentiality claims for the firm, a copy of this Notice and other inspection materials will be sent to the Owner, Operator, or Agent in charge of the company. If there is another company official who should also receive this information, please designate below:

Name JAMES A. SCHUMANN

Title TREASUREN SAFETY OFFICER

Address 1347 JANUARY AVENUE

ST. LOUIS, MD 63110

U.S. ENVIRONMENTAL PROTECTION AGENCY 726 MINNESOTA AVENUE KANSAS CITY, KANSAS 66101

REQUEST FOR CONFIDENTIAL TREATMENT

Name of Individual	Title Date
Dennis Schumann	secretary 06/08/89
Firm Name Ray Schumann Assoc. Inc.	Firm Address 1347 Tanuay Avenue St. Louis, Mo 63110

Information for which Confidential Treatment is requested:

Acknowledgement of Claimant

The undersigned requests that confidential treatment of the information described be provided in accordance with provisions of the Freedom of Information Act (FOIA), 5U.S.C.552; EPA regulations issued thereunder, 40 CFR Part 2; and the Resource Conservation and Recovery Act (RCRA), Section 3007, as amended. The undersigned further acknowledges that he/she is authorized to make such claims for his/her firm.

The undersigned also certifies that each item described above meets all of the following criteria: (1) The company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures: (2) The information is not, and has not been, reasonably attainable without the company's consent by other persons (other than governmental bodies) by use of legitimate means (other than discovery based on a showing of special need in a judicial of quasi-judicial proceeding; (3) The information is not publicly available elsewhere; and (4) Disclosure of the information would cause substantial harm to the company's competitive position.

١	Signature (Owner, Oper	ator, or Agent) Tit	le .
	Dan Selve		cretary)	Beretan
-	Name of Inspector	Title	Ins	pector's Signature
	Lauri M. Gnith	Industria	Hygienis ,	+ Laurie M. Smith

RECEIPT FOR SAMPLES AND DOCUMENTS

1		
Inspector(s) Nam	ne and Address	Firm Name and Address
Tamba Danimani	or Course Toron	Ray Glhumann + Assoc. Inc. 1347 January Avenue St. Louis, Mo 63110
Jacobs Engineerin	ng Group, Inc. Is to the U.S. EPA	CI Janic Ma 63110
10901 W. 84th TERF		Name of Individual
Lenexa, KS 66214		Sensis Schumann
T		Title Secretary
Date Collected	Samples were:	N/A
N/A	() Purchased	() Received no charge ()Borrowed
Sample Numbers		Amount paid for Samples
N/A		~/4
Duplicate Samples R	Requested Metho	d of Payment
N	I/A	N/A
() Yes	·	Cash () Youcher () To be Billed
the Resource Cons	ervation and Recover	
the Resource Cons	ment(s) and/or Sampl / www.fication	e(s) described below is hereby of elight from Clayton Chemica
the Resource Conso	ment(s) and/or Sampl / weification	e(s) described below is hereby of weight from Clayton Chemics
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ceipt for the document knowledged: 2 copies of facility map	ment(s) and/or Samp? / verification 3 photograph / Manifest + Generation / Rineco Che / Industrial / Part I +	e(s) described below is hereby of eccipt from Clayton Chemical s # AR-384617 dated 05/09/89 Notification coms + / notif. proceed mical Industries services sheet Texting Leboratries Inc text dated 2/23/8 Hayardous Wash Registration (MDNR)
ceipt for the document knowledged: 2 copies of facility map	ment(s) and/or Samp? / wification 3 photograph / Manifest / Generation / Rineco Che / Judustial / Part I to	e(s) described below is hereby of eccipt from Clayton Chemical s # AR-384617 dated 05/09/89 Notification coms + / notif. proceed mical Industries services sheet Texting Leboratries Inc text dated 2/23/8
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ceipt for the document knowledged: 2 copies of facility map 1 copy description of process	ment(s) and/or Samp? / weification 3 photograph / Manifest / Hence / Rince Che / Industrial / Part I + de / Section 3007 erator, or Agent	e(s) described below is hereby of eccipt from Clayton Chemical s # AR-384617 dated 05/09/89 Notification was 4 / notif. prove mical Industries services sheet Texting Leboratries Inc text dated 2/23/89 Hayardous Wash Registration (MDNR) tel 2/23/84 from MDNR N: EPA: Letter + response
ceipt for the document knowledged: 2 copies of facility map 1 copy description of process	ment(s) and/or Samp? / recification 3 photograph / Manifest / Generation / Rineco Che / Industrial / Part I + de / Letter das / Section 3007	e(s) described below is hereby of eccipt from Clayton Chemical s # AR-384617 dated 05/09/89 Notification was 4 / notif. prove mical Industries services sheet Texting Leboratries Inc text dated 2/23/89 Hayardous Wash Registration (MDNR) tel 2/23/84 from MDNR N: EPA: Letter + response

Ray Schumann & Associates - St. Louis, Missouri

MOD009738147

Date Mailed:

October 14, 1987

Date Received:

October 16, 1987

Response Received:

October 26, 1987

Categorization:

2

Ray Schumann & Associates generates approximately 2090 lbs/month of an F001 solvent containing tetrachloroethylene. This would place the facility in the 100-1000 kg/month generator range. The waste is generated from the manufacturing of printing plates. Wastes are stored up to 90 days and then shipped to a reclamation facility. Follow-up is recommended because, apparently, the facility is not notifying the reclamation facility of the land disposal restricted waste (although as a 100-1000 kg/month generator they are exempt, they must still include this notification). The facility correctly identified its waste as F001 in the response cover letter. However, the facility has misclassified the waste as D001 on several manifests since November 7, 1986.

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

Mr. James Schumann Ray Schumann & Associates Inc. 1347 January Avenue St. Louis, MO 63110

RE: Request for Information

Ray Schumann & Associates Inc. St. Louis MOD980852735

REQUEST FOR INFORMATION

Dear Mr. Schumann:

Under Section 3007 of the Resource Conservation and Recovery Act (RCRA), Title 42 U.S.C. Section 6927, the Environmental Protection Agency (EPA) may require you to furnish information relating to your wastes and waste management practices. Pursuant to Section 3007 of RCRA, for the purposes of determining compliance and possible enforcement, EPA hereby requires that you respond to the following questions in writing within fifteen (15) days of receipt of this letter.

Sections 3004 (d) through (k) and (m) and Section 3005 (j) of RCRA, 42 U.S.C. Section 6924 (d) through (k) and (m) and Section 6925 (j), require the EPA to ban, subject to limitations, or restrict the land disposal of hazardous waste. Prohibitions and restrictions on the management of wastes containing specified solvents became effective on November 7, 1986 (51 Federal Register pg. 40636; November 7, 1987). These prohibitions and restrictions are set forth in 40 CFR Part 268 and in revisions to 40 CFR 260 through 265 and 270.

Your facility has notified the EPA pursuant to the requirements of RCRA that you facility manages hazardous waste as either a generator, transporter, and/or treatment, storage, and disposal facility. These wastes are potentially affected by the new land ban regulations.

Definitions

"You" or "your" refers to your facility, including its officers, employees, and consultants.

A solvent is defined as a substance used to solubilize (dissolve) or mobilize other constituents. A solvent is considered "spent" when it has been used and is no longer fit for use without being regenerated, reclaimed, or otherwise reprocessed. Examples of spent solvents include solvents that are being used as degreasers, cleaners, fabric scourers, diluents, extractants, and reaction and synthesis media. Manufacturing process wastes containing solvents are not spent solvents.

The definitions in RCRA and the RCRA regulations, 40 CFR Parts 260-271 apply.

Information Requested

- 1. The name of the person with your facility to contact regarding this request, including title, address, and telephone number.
- 2. State whether at any time after November 7, 1986, you generated, transported, treated, stored, and/or disposed of 1) F001, F002, F003, F004, and/or F005 wastes as defined at 40 CFR Part 261.31, and/or 2) D001 wastes as defined at 40 CFR 261.21, and/or 3) a mixture of any of the aforementioned wastes. If you are unable, based upon information immediately available to you, to determine the designation of your waste, provide information concerning solvent type wastes that you have generated or handled. Examples of solvent type wastes are given in the definitions section of this letter.
- 3. For each waste identified above, give the rate of generation in pounds per month (lbs./month).
- 4. For each waste identified above, please provide all chemical analyses, Material Safety Data Sheets, manufacturers information, and any other information used to characterize the waste.
- 5. For each waste identified above, provide a brief description of the generation, transportation, treatment, storage and/or disposal process(es).
- 6. For each waste identified above, provide information concerning how the waste was managed from the time the waste was generated or came into your possession up to its final disposition or the time the waste left your possession. This should include copies of all manifests, treatment standard notifications and certifications, servicing agreements, bills of lading, and invoices.

You may, if you desire, assert a business confidentiality claim covering part or all of the information submitted to, or reviewed by, EPA. Such a claim may be made by placing on (or attaching to) the information, at the time of its submittal to, or review by, EPA, a cover sheet, stamped or printed legend, or other suitable form of notice employing language such as "trade secret," "proprietary," or "company confidential." Allegedly confidential portions of otherwise non-confidential documents should be clearly identified and may be submitted separately to facilitate identification and handling by EPA. If confidential treatment is sought only until a certain date or until the occurrence of a certain event, the request should so state.

Information submitted for which a claim of confidentiality is made will be disclosed by EPA only to the extent and by the means authorized by the procedures specified in 40 CFR Part 2, Subpart B (1985), as amended by 50 Federal Register 51654 December 18, 1985. If no such claim is made when information is received by EPA, the information may be made available to the public without further notice.

Please note that you are required to submit this information within fifteen (15) days of receipt of this letter. The response must be submitted to Jacobs Engineering Group Inc., a designated contractor to the EPA. Specifically, you should submit your response to:

Jacobs Engineering Group Inc. Attn: Terry Hagen 8207 Melrose Drive, Suite 114 Lenexa, KS 66214

Should you require a longer period to respond to the information request, you may be granted, by EPA, a one-time extension of 15 days. To request an extension you must contact your EPA RCRA State Coordinator, Marc Rivas, at 913/236-2891.

Failure to respond to these questions within 15 days of receipt of this letter may subject you to an enforcement action under Section 3008 of RCRA, 42 U.S.C. Section 6928. Such enforcement action may include the assessment of penalties of up to \$25,000 for each day of noncompliance.

Should you have any questions concerning this matter, please contact Terry Hagen or Carla Rellergert at 913/492-9218.

Sincerely yours,

David A. Wagoner Director Waste Management Division



RECEIVED REGION VII

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

OCT 26 1987

October 21, 1987

Jacobs Engineering Group Inc. Attn.: Terry Hagen 8207 Melrose Drive, Suite 114 Lenexa, KS 66214

Gentlemen:

This letter is in reference to your request for information under Section 3007 of the Resource Conservation and Recovery Act (RCRA), Title 42 U.S.C. Section 6927:

The following are herein provided per your request:

- (1) James A. Schumann
 Ray Schumann & Associates, Inc.
 1347 January Avenue
 St. Louis, MO 63110
 (314) 645-8700
- (2) We have disposed, generated and stored of wastes F001 and or F005 after November 7, 1986.
- (3) F001 and or Foo5 the generation rate in pounds per month: approximately 2,090 lbs.
- (4) Material Safety Data Sheets and manufacturers information are enclosed
- (5) The waste is generated by the process of making photopolymer printing plates. The exposed plate (photomechanically exposed onto the light sensitive photopolymer material) and put into a washout processing machine which contains the mixture of perchloroethylene 75% and 1-Butanol(Butyl Alcohol) 25%. After the plate is washed out any spent solution is automatically deposited into the spent solution drum. This drum holds 55 gallons of the spent solution. When the drum is full, it is placed into a holding; the holding has a berm all around and will collect any of the waste material should there be a leak. The initial drum that is connected to the machine and the filled drums of spent solution are visually checked 3 times a day and noted on a specific chart. These drums are then held in our holding area up to 90 days, whereby there comes the transportation phase of the operation.
- (6) After the waste is generated, the filled drums are stored in a holding area specifically designed to hold the waste material. This holding as a berm all around and it will hold all of the contents of any leakage that should occur. This is visually checked 3 times a day and duly noted on our inspection chart. I have enclosed all manifests and certifications concerning these waste disposal arrangements. After the material is sent out for reclamation, we buy back new reclaimed solvent for our operation.



REGION VII

OCT 26 1987

October 21, 1987

(2)

The certification sheets are originally a typed sheet that we were required to send on a quarterly basis concerning all of the waste disposed of in that time period. We have since used the new sheets of certification that are required by the EPA.

I hope that this information meets your specifications, in any event, if you need more information, please contact me immediately.

urs truly

James A. Schumann

Hazardous Waste Coordinator



RECEIVED REGION VII

OCT 26 1987

Printing Photosystems

CHERT APPLICATION AS LINE

MATERIAL SAFETY DATA SHEET

MATERIAL IDENTIFICATION

NUMBER

: E-79577 11/85

NAME

: Cyrel Flexosolvent

CHEMICAL FAMILY

: Combustible chlorinated solvent mixture

TRADE NAMES AND SYNONYMS: Cyrel Washout Solution

DU PONT REGISTRY NUMBER: DP96-49-5

MANUFACTURER/DISTRIBUTOR: E.I. du Pont de Nemours & Co., Inc.

1007 Market Street Wilmington, DE 19898

PRODUCT INFORMATION PHONE

: 1-(800)441-7515

TRANSPORTATION EMERGENCY PHONE (CHEMTREC)

: 1-(800)424-9300

MEDICAL EMERGENCY PHONE

: 1-(800)441-3637

HAZARDOUS COMPONENTS

Material

CAS Number

Tetrachloroethylene (Perchloroethylene)

127-18-4

1-Butanol (Butyl Alcohol)

71-36-3

25

PHYSICAL DATA

Boiling Point

: 109 deg C at 760 mm Hg.

Casto of the day behalf a

Specific Gravity

1.423

% Volatiles

100 WT %

Odor

: Like ether, chloroform

Form

: Liquid

Color

: Colorless

Partially soluble in water. Odor threshold for tetrachloroethylene: 65 ppm; for 1-Butanol: 16 ppm.

PHYSICAL DATA - RADIATION

A service of American American

Principal Radiation: None

owned Faire

P0000002-1

HAZARDOUS REACTIVITY

Instability

: Stable.

Incompatibility.

: Incompatible with Strong oxidizers, active metals.

Decomposition

Decomposes with heat. Hazardous gases produced are Phosgene.

Polymerization

Polymerization will not occur.

FIRE AND EXPLOSION DATA

RECEIVED REGION VII

Flash Point: 49 deg C. Method: TCC

Flammable Limits in Air, % by Vol.

OCT 2.6 1987

Maker rive anything by area?

For the St. All course of the Jackboth Should had

visionally. Activates the coal stary may be

e se cean and your deathant from the ne

LEL: 4.5 UEL: 20.5

FIRE AND EXPLOSION HAZARDS

Combustible. Vapor forms explosive mixture with air. Hazardous gases produced in fire are Phosgene.

EXTINGUISHING MEDIA

Water Fog. "Alcohol" Foam. Dry Chemical. CO2.

SPECIAL FIRE FIGHTING INSTRUCTIONS

Evacuate personnel to a safe area. Keep personnel removed & upwind of fire. Wear self-contained breathing apparatus. Wear full protective equipment (eye, body, respiratory). Cool tank/container with water spray.

HEALTH HAZARD INFORMATION

Principal Health Hazards

Causes eye and skin irritation. Inhalation can cause respiratory irritation, and ingestion can cause gastrointestinal irritation. Significant exposure by any route, including skin permeation, can lead to nausea, headache, weakness, dizziness, confusion, incoordination, abnormal kidney and/or liver function and anemia. Tetrachloroethylene has shown cancer-causing potential in tests on some laboratory animals.

Tetrachloroethylene: Oral-Rat LD50: 2,642 mg/kg

CERTIFICATION TO A DOTA TO COLOR

1-Butanol: Oral-Rat LD50: 2,510 mg/kg

Other Health Hazards

SYMPTOMS OF OVEREXPOSURE:

Eye Irritation

Respiratory Irritation Mucous Membrane Irritation

Nausea Dizziness

Confusion

Abdominal Pain

Skin Irritation

Gastrointestinal Irritation

Dermatitis Headache Weakness Incoordination

P0000002-2

Carcinogenicity

The following components are listed by IARC, NTP, or OSHA as carcinogens.

Chemical IARC NTP

Tetrachloroethylene x

Exposure Limits

AEL (Du Pont): Tetrachloroethylene: 100 ppm-TWA-Skin

TLV * (ACGIH): Tetrachloroethylene: 50 ppm-TWA

PEL (OSHA): Tetrachloroethylene: 100ppm-TWA, 200ppm-C

Other: PEL: Tetrachloroethylene: 300ppm-Peak

* TLV is a registered trademark.

AEL: 1-Butanol: 25 ppm-TWA (8-Hr.), 50ppm-15 Min.

TLV: 1-Butanol: 50 ppm-Ceiling-Skin.

PEL: 1-Butanol: 100 ppm-TWA.

Safety Precautions

Avoid breathing vapors or mist. Avoid contact with eyes. Avoid contact with skin. Avoid contact

OSHA

REGION VII

OCT 2.6 1987

X

with clothing. Wash thoroughly after handling.

FIRST AID

INHALATION

If inhaled, remove to fresh air. If not breathing, give artificial respiration, preferably mouth-to-mouth. If breathing is difficult, give oxygen. Call a physician.

SKIN CONTACT

Call a physician. In case of contact, immediately flush skin with plenty of water for at least 15 minutes while removing contaminated clothing and shoes. Wash clothing before reuse.

EYE CONTACT

In case of contact, immediately flush eyes with plenty of water for at least 15 minutes. Call a physician.

INGESTION

If swallowed, do not induce vomiting. Give large quantities of water. Never give anything by mouth to an unconscious person. Call a physician. Vomiting should not be induced in cases of ingestion of corrosive materials or certain petroleum-based materials. All cases of ingestion should be referred immediately to a poison-control center or a physician, and vomiting should normally be initiated only on their advice and by the means they specify. Activated charcoal slurry may be used in cases of ingestion when vomiting is contraindicated. To prepare slurry, suspend 50 grams of activated charcoal in 400 milliliters of water in a plastic bottle, and shake well. Administer a dose of 5 milligrams of slurry per kilogram of body weight, or 350 milliliters for an average adult.

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PROTECTION INFORMATION

Generally Applicable Control Measures and Procedures

Use only with adequate ventilation. Keep away from heat, sparks and flames. Keep container in a cool place. Keep container tightly closed. Do not mix with strong oxidizers. active metals. Do not consume food, drink or tobacco in the areas where they may become contaminated with this material.

Personal Protective Equipment

Eye/Face: Coverall chemical splash goggles.

Respirator:

Chemical Cartridge Respirator: with organic vapor cartridges.

Protective Gloves: Use nitrile gloves.

DISPOSAL INFORMATION

Aquatic Toxicity: Tetrachloroethylene: 96 hr. LC50 1 - 50 mg/l

Spill, Leak, or Release

NOTE: Review FIRE AND EXPLOSION HAZARDS and SAFETY PRECAUTIONS before proceeding with clean up. Use appropriate PERSONAL PROTECTIVE EQUIPMENT during clean up.

Remove source of heat, sparks, flame, impact, friction or electricity. Dissipate vapor with water spray. Dike spill. Prevent liquid from entering sewers, water ways or low areas. Recover free liquid for reuse or reclamation. Soak up with sawdust, sand, oil dry or other absorbent material. Vapor levels over 500 ppm require use of self-contained breathing apparatus in addition to other protective equipment.

Waste Disposal

Cleaned-up material is a RCRA Hazardous Waste. Treatment, storage, transportation and disposal must be in accordance with Federal, State, and Local regulations. Recover for reclamation. Recover nonusable free liquid and dispose of in an approved and permitted incinerator. Recover nonusable free liquid and/or contaminated water, and dispose of in an approved and permitted biological treatment system or an approved and permitted deepwell. Remove nonusable solid material and/or contaminated soil, for disposal in an approved and permitted landfill. Do not flush to surface water or sanitary sewer system.

SHIPPING INFORMATION

Domestic - Other than Air (DOT)

Name: Combustible Liquid, NOS (Contains 1-Butanol)

AIR: Tetrachloroethylene Solution

Hazard Class

: Combustible Liquid (or ORM-A)

UN/NA no.

: NA 1993 (AIR: UN 1897)

DOT Label(s)

: Combustible Liquid (over 110 gal. only)

(ORM-A for AIR)

Special Information

: Not regulated in land transport in < 110 gal.

DE HON VIII

OCT 26 1987

containers.

DOT Placard

: Combustible

International Water or Air (IMO/ICAO)

Name: Flammable Liquid, NOS (Contains 1-Butanol)

: Flammable Liquid - Class 3 Hazard Class

: UN 1993 UN no.

: Flammable Liquid IMO/ICAO Label

RESERVED **Packaging Group** RECION VII

Additional Information

Shipping Containers

OCT 26 1987 Steel Drums: 30 gallon Not tested for air shipment.

STORAGE CONDITIONS

Store in well ventilated area. Store in cool place. Keep container tightly closed. Do not store with strong oxidizers, active metals. Store in accordance with National Fire Protection Asn regulations. Store in accordance with Federal Regulations. Do not store or consume food, drink or tobacco in area where they may become contaminated with this material.

ADDITIONAL INFORMATION AND REFERENCES

Canadian Product Emergency Phone: (613) 348-3616

Medical/Toxicity Emergency Phone - US & Canada: (800) 441-3637

For additional MSDS's, contact your Du Pont dealer or the Du Pont marketing service center which services your area. Please order by the material identification number on Page 1.

The data in this Material Safety Data Sheet relates only to the specific material designated herein and does not relate to use in combination with any other material or in any process.

Person Responsible for MSDS: Manager, Technical Service

Du Pont P&EP Dept. Chest. Run

Wilmington, DE 19898

302-999-3251

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BECKELLING PADATECN

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STATE OF ILLINOIS

REV.# 5

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

IL532-0610

PC 62 8/81

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GENERATOR COPY - PART 1- DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

24 HOUR EMERGENCY AND SPICE ASSISTANCE NUMBERS

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-267

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LPC 62 8/81

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N LLINOIS: 217 / 782-3637

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

IL532-0610

LPC 62 8/81

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

lease print or type. (Form designed for use of	on elite (12-pitch) typewriter.)	EPA Form 8700-2	22 (3-84)	Form App	roved. OMB N	lo. 2000-0404. Expires 7-3
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20. Facility Owner or Operator: Certification 19. Printed/Typed Name		materials covered by	this manife	st except	as noted in	Date Month Day Ye

'24 HOUR EMERGENCY AND SPILE ASSISTANCE NUMBERS'

LPC 62 8/81 (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (3-84) Form Approved, OMB No. 2000-0404. Expires 7-31-86 Information in the shaded areas is not UNIFORM HAZARDOUS 1. Generator's US EPA ID No. required by Federal law, but is required m.o.D. 0.0.9.7.3.8.1.4.71 **WASTE MANIFEST** by Illinois law. 3. Generator's Name and Mailing Address

PAY Schumand Associates, INC

1347 JANUARY AUE

St. Louis, mo 63110 MO.I.O. # A.Illinois Manifest Document Number 04255-006 **B.Illinois** Generator's 4. Generator's Phone (314) 645-9700 5. Transporter 1 Company Name C.Illinois Tranporter's ID MOD 071957146 1216 CHEMISPHERE CORP. D.(3N) 644-13a5Transporter's Phone US EPA ID Number Transporter 2 Company Name E.Illinois Transporter's ID A secretary and the second sec Transporter's Phone 9. Designated Facility Name and Site Address RR-001 **G.Illinois** Facility's CLANTON CHEMICAL CO 16311211900 # 1 MOBILE H.Facility's Phone IL 0066918327 SAUKT, ILLINOIS 62201 IL DOG 6.9.18.

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) 271-0467 12.Containers Total Unit Waste No. Type Wt/Vo Quantity HAZARDOUS WASTE, LIQUID, NOS, ORME EPA HW Number Oco a. E F10101011 8 **Authorization Number** CIN1897 19901019 E EPA HW Number b. R **Authorization Number** 0 EPA HW Numbe C. **Authorization Number EPA HW Number** d. **Authorization Number** J. Additional Descriptions for Materials Listed Above K Handling Codes for Wastes Listed Above STREAM #1 502 15. Special Handling Instructions and Additional Information RETURN TO GENERATOR IF NOT DECINERABLE TO DESIGNATED FACILITY 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, and Illinois regulations. Date Printed/Typed Name Month Day Year 8118186 TAMES A. Schumann 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Month Day Yea ROBERT A DIRNBERGER 18. Transporter 2 Acknowledgement or Receipt of Materials Date Printed/Typed Name Month Day Year Signature 19. Discrepancy Indication Space MONEYPORTENESS 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Month Day Yea 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* IN ILLINOIS: 217 / 782-3637 OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675 DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR PART - 3 FACILITY

GENERATOR COPY - PART 1- DO NOT REMOVE PART 1 FROM SET UNTIL, COMPLETED, vised Statutes, 1983, Chapter 1111/2 Section 21, that this information be submitted to the Apericy, Failure to provide the



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GENERATOR COPY - PART 1- DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

This Agency is authorized to require, pursuant to Binois Revised Statutes, 1983. Chapter 1111/s Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penulty against the owner or operator of not to exceed \$25,000 per day of violation. Falsification of this information may result in a line up to \$50,000 per day of violation and imprisorment up to 5 years. This form has been approved by the Forms Management Center.

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24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

GENERATOR COPY - PART 1- DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED. Isod Statutes, 1983, Chapter 111% Section 21, that this information be submitted to the Agency Failure to provide the GENERATOR COPY - PART 6



CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete for the quarterly accounting of hazardous waste handled. I am aware that there are significant penalities for submitting false information, including the possibility of fine and imprisonment.

James A. Schumann Hazardous Waste Coordinator Ray Schumann & Associates, Inc. 1347 January Avenue St. Louis, MO 63110

Missouri Generator I.D.# 04255

EPA I.D. # MODO09738147

Illinois Land Pollution
I.D.# for waste handlers
9291895224



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January 28, 1986

CERTIFICATION

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Missouri Generator I.D.# 04255

EPA I.D.# MODO69738147

Illinois Land Pollution I.D.# for Waste Handlers 9291895224



STATE OF MISSOURI DEPARTMENT OF NATURAL RESOURCES P.O. Box 176 Jefferson City, MO 65102

Generators hazardous part. waste report summary sheet

office use only

STRUCTIONS AND PRINT OR TYPE entries made on this page must summarize the total amount of waste transported off-site to an individual facility during the specified quarter, separate sheets must be completed

SECTION F- REPORT DENTIFICATION page 2 of for the quarter ending generator's Mo. LD. No.

for each facility utilized	month day year — 0.4.2.5.5 —
SECTION G-FACILI	TY IDENTIFICATION
	Defacility's EPA ID. Na-[1.6.0.6.6.9.6.9.6.3.2.7]
CLAYTON CHEMICAL COMPANY	61 facility's Missouri ID. No.———————————————————————————————————
If facility site address (street, city, state and z $\#$ $\#$ $\#$ $\#$ $\#$ $\#$ $\#$ $\#$ $\#$ $\#$	rip code)
SAUJET, ILLINOIS 62201	

	SECTION H-WAS	TE II)EN	IFIC	ATION	115/12	* 4 7 50		1044			
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SECTION STRANSPORTATION SERVICES UTILIZED CHEMISPHERE CORPORATION US EPA I.D. # MO0071957146 no I.O.# - H 1216



STATE OF MISSOURI DEPARTMENT OF NATURAL RESOURCES P.O. Box 176 (314) 751-3176 Jefferson City, MO 65102

Generator's hazardous waste report summary sheet

part office use only

READ INSTRUCTIONS AND EITHER PRINT OR TYPE

regardless of whether or not any off-site shipment occurred, as a registered generator of hazardous waste you must complete, sign and transmit this

SECTION A—REPORT IDENTIFICATION
1. type of report (check one) annual 2 for the period ending quarterly annual 1 annual 3 page. 1 of 2 month day year
SECTION B GENERATOR IDENTIFICATION
4: generator's name — RAY Schumain FASSOLING EPA ID. No M.O. D.O. 0.9.7.3.8.1.4.7 6. generator's — Missouri I.D. No 0.4.2.5.5
6.generator's — O.4.2.5.1 Missouri I.D. No.— O.4.2.5.1
₹ mailing address——
street or p.o. box number 1347 JANUARY AUENHE
city 87. Louis state MISSOURI zip code 63/10
8 plant address / location (if different from mailing address)——
street or route number
city state zip code
9 generator contact person—phone number a.c.(314) 645-87 w
name IIM Schumana
SECTION C-STATUS OF WASTE GENERATED (check one) SHIPPED OFF-SITE— complete part 2, attach completed hazardous waste manifests, sign certification and transmit to the dept. REGULATED QUANTITY NOT GENERATED— sign certification and transmit to the dept.
SEGITION DESIMMENTS

****SECTION**ESECERTIFICATION**STATEMENT

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this. and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.



STATE OF MISSOURI **DEPARTMENT OF NATURAL RESOURCES** P.O. Box 176 (314) 751-3176

Senerator's hazardous waste report

office use only

The same	Jefferson City, MO 65102	summary sheet
	regardless of whether or not an	S AND EITHER PRINT OR TYPE y off-site shipment occurred, as a registered you must complete, sign and transmit this
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		state MISSOURI zip code 63110
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9 gener	ator contact person-	phone number a.c.(314) 645-8700
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I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

print name -

signature

date



STATE OF MISSOURI DEPARTMENT OF NATURAL RESOURCES P.O. Box 176 Jefferson City, MO 65102

Generator's hazardous part waste report summary sheet

office use only

E'AD INSTRUCTIONS AND PRINT OR TYPE

entries made on this page must summarize the total amount of waste transported off-site to an individual facility during the specified quarter, separate sheets must be completed for each facility utilized

SECTION F- REPO	ORT IDENTIFICATION
for the quarter ending	
4 30 87	generator's Mo. LD. No 0.4.2.5.5
month day year	0.4.2.5.5

SECTION G-FACILITY IDENTIFICATION

4 facility	name		
CLAYT	DN CH	EMICAL	Company

facility's EPA ID. Na- I.L. D. O. 6. 6.9.1.8. 3.2.7

d facility site address (street, city, state and zip code) # 1 MOBILE SAUJET, ILLINOIS 62701

SECTION W-WASTE IDENTIFICATION

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SECTION I-TRANSPORTATION SERVICES UTILIZED

CHEMISPHERE CORPORATION U.S EPA I D# MODO 71957146 MO. I. D# H 1216

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STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES
P.O. Box 176 (314) 751-3176

Generator's hazardous waste report summary sheet

part 1 office use only

Jefferson City, MO 65102 READ INSTRUCTIONS AND EITHER PRINT OR TYPE regardless of whether or not any off-site shipment occurred, as a registered generator of hazardous waste you must complete, sign and transmit this form to the department SECTION A-REPORT IDENTIFICATION Litype of report (check one) 2. for the period ending 3. 7 | 3 | 87 quarterly annual month day year SECTION B GENERATOR IDENTIFICATION BAY Schuman + Associates, IN EPA ID. No.-M.O.D. 0.0.9.7.3.8.1.4.7 4. generator's 6.generator's — Missouri I.D. No.-7 mailing addressstreet or p.o. box number 1347 JANUARY AUE 8 plant address / location (if different from mailing address)street or route number____ ____state_ city_ phone number ac. (314) 645-8700 9 generator contact person-SECTION C-STATUS OF WASTE GENERATED (check one) SHIPPED OFF-SITE REGULATED QUANTITY | complete part 2, attach completed NOT GENERATEDsign certification and hazardous waste manifests, sign / certification and transmit to the dept. transmit to the department SECTION D-COMMENTS

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

print name JAMES A. Schumann

signature 2

date 7/15/87



DEPARTMENT OF NATURAL RESOURCES
P.O. Box 176
Jefferson City, MO 65102

waste report

office use only

entries made on this page must summarize the total amount of waste transported off-site to an individual facility during the specified quarter, separate sheets must be completed for each facility utilized.

SECTION FREPORT IDENTIFICATION

for the quarter ending page 2 of 2

7 3 / 87 generator's Mo. ID. No.

month day year 0.4.2.5.5

SECTION G-FACILITY IDENTIFICATION

A facility name

CLAYTON CHEMICAL Company

Glacklity's Missouri ID. No.

Glacklity site address (street, city, state and zip code)

1 . Mobile

Sauger , Illinois 62201

	SECTION H-WASTE IDENTIFICATION								
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SECTION SERVICES UTILIZ

CHEMISPHENE CORPORATION

U.S. EPA I.D. # MODO71957146

MO.I.D. # H1216

SECTIONAL SECTIO

16



STATE OF MISSOURI DEPARTMENT OF NATURAL RESOURCES P.O. Box 176 (314) 751-3176

Generator's hazardous waste report

part

office use only

1. Santa	Jetterson City, MO 65102 summary sheet
	READ INSTRUCTIONS AND EITHER PRINT OR TYPE
	regardless of whether or not any off-site shipment occurred, as a registered generator of hazardous waste you must complete, sign and transmit this form to the department
	SECTION A REPORT IDENTIFICATION ASSESSMENT
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] maili	ng address—
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ci	y St. Louis state MISSOURI zip code 63110
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na	me JAMES A. Schumann
	SECTION C-STATUS OF WASTE GENERATED (check one)
	SHIPPED OFF-SITE - REGULATED QUANTITY -
	complete part 2, attach completed NOT GENERATED -
	hazardous waste manifests, sign sign certification and certification and transmit to the department to the department
	SECTION D-COMMENTS
12	SECTION DECOMMENTS AND
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HADDAY	SECTION E CERTIFICATION STATEMENT

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting talse information, including the possibility of fine and imprisonment. A Schumandel



DEPARTMENT OF NATURAL RESOURCES
P.O. Box 176
Jefferson City, MO 65102

waste report summary sheet

office use only

facility name

CLAYTON CHEMICAL COMPANY

Glacility's EPA ID. Na—[-L.D.O.66.9.1.8.3.2.7]

Glacility site address (street, city, state and zip code)

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SAUSET, ICCINOIS 6220|

1	SECTION H-WASTE IDENTIFICATION								
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SECTION I TRANSPORTATION SERVICES UTILIZED ***

CHEMISPHENE CORPORATION

U.S. EPA I.O.# MODO 71957146

MO. I.O.# H /216



HAZARDOUS WASTE EMERGENCY SPILL INFORMATION

Should a spill occur or leakage occur of hazardous materials that are being stored at this facility, Ray Schumann & Associates, Inc., 1347 January Ave., St. Louis, Mo, 63110, awaiting final disposal, the emergency coordinator or assistant shall do the following:

He shall assess the situation, and after appropriate action has been taken to contain the spillage or leakage, he shall use his judgement if it is necessary to call for evacuation of the immediate area or neighborhood. If the emergency coordinator shall deem evacuation necessary and human health or the environment is threatened, he must immediately notify the following officials:

Missouri Department of Natural Resources Emergency Response Coordinator (314) 634-CHEM

EPA Region "II Emergency Planning and Response Branch (913) 236-3778 or

National Response Genter, 24 hour emergency telephone number (800) 424-8802.

The Emergency Coordinator shall report:

(a) name and telephone number of reporter

b) name and address of facility - 1347 January Ave. St. Louis, M 63110

) Time and type of incident (example: release, fire, etc.)

(d) name and quantity of material(s) involved, to the extent know...in the case of Ray Schumann & Associates, Inc., it shall consists of hazardous waste of Perchlorethylene (approx 75%) and N-Butanol Alcohol (approx 25%).

(e) Extent of injuries, if any

(f) Possible hazards to human health or the environment outside the facility;

Perchlorethylene is still being as being harmful, possible causing cancer in laboratory animals if inhaled for extreme periods of time and on a continuing basis. It is considered toxic in this form of waste.



June 10, 1989

RECEIVED

Mr. Robert Morby
Chief, RCRA Branch
United States Environmental Protection Agency
Region VII
726 Minnesota Ave.
Kansas City, Kansas 66101

JUA 16 1939

USEPA, RCRA Branch

Dear Mr. Morby:

This letter is in response to a citation our company received subsequent to an inspection conducted on June 8, 1989. by Mr. Greg Uetrecht and Ms. Laurie M. Smith of Jacobs Engineering Group Inc. to determine compliance with 40 CFR 268 - Land Disposal Restrictions. The result of their inspection was a one citation: 268.50 (a) (2) (i) - container not marked to clearly identify its contents.

Please be advised that this was immediately corrected after the departure of the inspectors by marking the label with the correct EPA Waste ID number. At the time of the inspection, approximately 25 kg. of our only waste stream, perchloro-ethylene sludge, was being accumulated in a 55 gallon drum. The drum had been affixed with the standard hazardous waste warning label.

In 1984 we instituted a comprehensive program to meet RCRA requirements: registration, contingency plan, preparedness and prevention, personnel training. We had developed a RCRA compliance manual. It calls for labeling accumulation containers. Weekly inspections are a part of our management practices incorporated in the manual. In order to prevent a recurrence of this problem, we will revise the manual and inspection procedures to specify a check for completeness of label information. We will include these revised procedures in upcoming refresher training for personnel involved in managing hazardous waste. We anticipate implementing the preventative measures within 45 days. We hope to be able to get a copy of the inspectors' report and incorporate their recommendations into our program within the same time frame.

I hope this response has demonstrated our timely corrective actions, preventative measures, and desire to comply with the Resource Conservation and Recovery Act and pursuant regulations. Should you require any additional documentation, please contact me.

Yours Truly,

James A. Schumann

Ray Schumann & Associates, Inc.

of the Resource Conservation and Recovery Act (RCRA)

		and Associa	tes Inc.	
Address: 134	7 JANUARY	L3110		
	Louis Md	63/10	Date: 06	108/89
During an inspection just of Subtitle C of RCRA and regulations were identified:	ompleted to de			
Citation	* * * * * * * * * * * * * * * * * * *	Descripti	on of Violatio	<u>n</u> .
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This notice is provided to cearliest possible time. This trative Civil Complaint) is complete listing of all viole. The Ray Schumaux + Assoc. days of receipt of this notis schedule for completion of management of the Chief, RCRA Branch, 'U. S. En Ave., Kansas City, Kansas, 6 will be considered in subsequences.	s notice does used pursuant to ations which mations which mations which mations which mations which mations a description of the content of t	not constitute to Section 3008 may be identified to form of all correction actions rection Agencent follow-up.	e a compliance B of RCRA and m led as a result submit in writ rective actions to be taken to cy, Region YII, as taken by Region Should civil	order (Adminis- may not be a c of this inspection. ling within 10 c taken and/or a c Robert-Morby 726 Minnesota y Schuman & Arson penalties be
If you have any questions on Cynthia Hutchison (), at	this Notice o (U. S. EPA) a	or wish to disc t <u>913/236-2</u>	uss your:respo	nse, you may call
This Notice prepared by	Laurie M. In	with	, Date: _	06/08/89
The undersigned person hereby Notice and has read same.	y acknowledges	that he/she h	as received a	copy of this
Pri: Sign	nted Name:	JAMES A.S	humans D.	ate: 6/8/89
Tit	le:	1 1 CEATOR		

JOHN ASHCROFT Governor

FREDERICK A. BRUNNER

Director



Division of Energy Division of Environmental Quality Division of Geology and Land Survey Division of Management Services Division of Parks and Historic Preservation

STATE OF MISSOURI

DEPARTMENT OF NATURAL RESOURCES

DIVISION OF ENVIRONMENTAL QUALITY

St. Louis Regional Office 8460 Watson Road, Suite 217 St. Louis, MO 63119 314-849-1313

February 24, 1986

FEB 27 1986

WASIE MANAGEMENT PROGRAM LOW # 86-SL.006

Mr. James Schumann, Treasurer Ray Schumann & Associates, Inc. 1347 January Avenue St. Louis, Missouri 63110

Dear Mr. Schumann:

Enclosed is a report of a hazardous waste management inspection conducted at your facility on February 20, 1986. Please note that under "Unsatisfactory Features" are findings that require corrective action as listed under "Recommendations".

Within 45 days of the receipt of this correspondence, please provide this office a written response outlining the steps you have taken to implement the recommendations of this report.

Should you have any questions, please contact me at the St. Louis Regional Office.

Sincerely,

ST. LQUIS REGIONAL OFFICE

Walt Puryear

Chief - Waste Management Unit

WP:mc Encl.

CC: Central Office - WMP